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CLICK ON HERE FOR THE CHIEF EXECUTIVE OFFICER'S REPORT DATED FEBRUARY 5, 2015

CLICK ON HERE FOR THE DIRECTOR OF HEALTH SERVICES' REPORT DATED JANUARY 4, 2016



County of Los Angeles CHIEF EXECUTIVE OFFICE

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> Board of Supervisors HILDA L. SOLIS First District

MARK RIDLEY-THOMAS Second District

SHEILA KUEHL Third District

DON KNABE Fourth District

MICHAEL D. ANTONOVICH Fifth District

To:

February 5, 2015

Supervisor Michael D. Antonovich, Mayor

Supervisor Hilda L. Solis

Supervisor Mark Ridley-Thomas

Supervisor Sheila Kuehl Supervisor Don Knabe

From:

Sachi A. Hamali

Interim Chief Executive Officer

STATUS REPORT ON COUNTY EFFORTS TO OPEN THE NEW MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL (ITEM NO. 45-A, AGENDA OF NOVEMBER 12, 2013)

On November 12, 2013, on a motion of Supervisor Mark Ridley-Thomas, your Board directed the Chief Executive Officer (CEO), in coordination with the Department of Health Services (DHS), to submit quarterly written status reports to the Board that describe the status of efforts to open the new Martin Luther King, Jr. Community Hospital (MLKCH). This is our fifth status report and in the last several months there has been continued progress towards the goal of opening the new hospital in 2015.

MLK Community Hospital Pre-Opening Activities

Martin Luther King, Jr.-Los Angeles (MLK-LA) Healthcare Corporation continues their activities for ensuring a successful hospital opening. Since the last report, MLK-LA has hired key permanent staff, including a Chief Financial Officer, Manager of Facilities, Manager of Environmental Services, Manager of Marketing and Communications. MLK-LA is also contracting with about a dozen physician groups and continues to negotiate and finalize some of these contracts.

MLK-LA reports that the obstetrics (OB) capital expansion activities are on schedule for completion in March 2015. Additionally, the MRI construction project began in November 2014 and is proceeding on schedule. Licensing and accreditation activities have commenced and service agreements have been executed for licensing and post-opening hospitalists/intensivists.

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MLK-LA's Electronic Health Record (EHR) system build, purchased via a three-party agreement between County, MLK-LA and Cerner Corporation (Cerner), continues on-track for go-live. In an effort to share best practices learned with DHS' ongoing ORCHID implementation, DHS Information Technology leadership are participating in various coordination meetings with MLK-LA. In October 2014, delegated authority was used to make various no-cost changes requested by MLK-LA, including adding Centers for Medicare and Medicaid (CMS) required reporting modules, supply chain monitoring and location identification services. As previously mentioned, the Cerner EHR contract is currently a three-party agreement and as such, requires County involvement to make any contract changes. On or around hospital opening, the County will no longer be a party to the agreement and at that time, it will become a two-party agreement between MLK-LA and Cerner, requiring no further involvement by the County for any changes or amendments.

With the hospital opening just a few months away, MLK-LA's assessment of their overall readiness to open is optimistic and they indicate they are on target with all activities.

MLK Lease Agreement Items

The revised financial assistance package approved by the Board in April 2014 included various grants and loans for MLK-LA to cover certain pre and post-hospital opening costs. All grant funds have been issued to MLK-LA, with the exception of a few Cerner EHR payments which are to be paid in the coming months. In January 2015, MLK-LA accessed the pre-hospital opening long-term loan with their second draw against those funds.

In an effort to facilitate activities which support the hospital's timely opening, on December 16, 2014, the Board delegated authority to DHS to act as the County's agent pursuant to the lease agreement. DHS received delegation to make changes that result in no cost to the County, including, but not limited to, the ability to amend the Cerner EHR agreement, authorize non-clinical expansion activities by MLK-LA and the ability to enter into temporary space use agreements on the campus for the purpose of onboarding staff and for various training activities.

MLK Community Hospital and Outpatient Center Collaboration

The Oversight Committee established by MLKCH and DHS' Martin Luther King, Jr. Outpatient Center (MLKOC) to create a plan for seamless patient care between the private and County facilities, as well as its sub-committees around information technology, finance, shared services and care coordination continue to meet regularly to



January 4, 2016

Los Angeles County **Board of Supervisors**

Mark Ridley-Thomas

Hilda L. Solis First District

Chair Hilda L. Solis TO:

Supervisor Mark Ridley-Thomas

Supervisor Sheila Kuehl Supervisor Don Knabe

Supervisor Michael D. Antonovich

Sheila Kuehl Third District

Don Knabe

Second District

FROM:

Mitchell H. Katz, M.D. Mul [

Fourth District

Michael D. Antonovich Fifth District

SUBJECT:

MLK COMMUNITY HOSPITAL QUARTERLY

DASHBOARD (ITEM 41-A July 7, 2015 AGENDA)

Mitchell H. Katz, M.D.

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategy and Operations

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To ensure access to high-quality. patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

On July 7, 2015, the Board instructed the Department of Health Services (DHS) to work with the leadership of the Martin Luther King, Jr. Community Hospital (MLK CH) to develop and report back to the Board, in writing, on a quarterly basis, a dashboard that assesses the new hospital's patient workload, including emergency room volume, diversion rates, cycle times, and boarding times (the time from when a physician writes the order o admit the patient until the patient is placed in an inpatient bed); emergency room diagnoses, including extent to which patients present with primary mental health and primary substance abuse problems; emergency room disposition, including the disposition to a mental health urgent care center, a psychiatric emergency room or trauma center; residence of patients by ZIP code; insurance status of patients at the time of entrance into the Emergen by Department or admission to the hospital; and hospital occupancy rates and average lengths of stay.

This is the first quarterly report back dashboard developed together t y DHS and the MLK CH. It draws from information obtained from both the NLK CH and MLK Outpatient Center. The dashboard continues to guide the collaborative efforts between the hospital and the outpatient center. Ne look forward to updating the dashboard quarterly and evolving its content over time so that it is a valuable tool for collaborative planning between M .K CH and MLK Outpatient Center.

Also, on November 12, 2013 (Item 45-A), your Board directed the Chief Executive Officer, in coordination with the Director of Health Services, to submit quarterly written status progress reports to the Board that described the status of efforts to open the new Martin Luther King, Jr. CH, with the first report to be issued by November 12, 2013. Since the MLK CH is now opened, this is to inform you that this report will now be sunset and subsequent updates on the progress of the work at MLK CH will be provided through the guarterly Dashboard provided herein.

At the December 16, 2014 Board Meeting (Agenda Item 52-B), your 3oard instructed the Director of Department of Health Services to report back to the



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Board on a quarterly basis on the activities and expenditures related to the delegated authority in order to facilitate a timely opening of the new MLK CH. The MLK CH is now open and this is to inform you that this report will now be sunset and subsequent updates will be provided via the quarterly Dashboard provided herein.

If you have any questions, you may contact me or Dr. Mark Ghaly, Deputy Director of Community Health at (213) 240-8101.

Attachment

MHK:mg

c: Chief Executive Office County Counsel Executive Office Board of Supervisors



MLKCH Quarterly Dashboard

	Patient Demographics	Jul-2015	Aug-15	Sep-15
Zip Codes	90001	3.34%	3.41%	3.81%
	90002	8.69%	9.85%	10.44%
	90003	6.50%	6.10%	6.24%
	90044	6.56%	7.25%	6.40%
	90059	15.98%	16.11%	19.02%
	90061	3.65%	4.82%	5.86%
	90220	6.80%	5.02%	5.15%
	90221	4.62%	3.71%	3.79%
	90222	7.78%	8.86%	8.88%
	90262	2.86%	3.15%	2.94%
	Total	66.78%	68.28%	72.53%
	Commercial	2.90%	3.15%	2.69%
	M-CAL MGD	23.54%	26.33%	28.06%
	MCE FFS VERIFIED	0.25%	0.09%	0.13%
	MCE MGD	0.41%	0.47%	0.39%
	Medi-Cal Pending	2.64%	2.53%	2.80%
Insurance	MediCal FFS	35.54%	28.58%	26.50%
	Medicaid	0.97%	2.06%	3.60%
	Medicare	3.46%	4.47%	5.57%
	Medicare MGD	0.61%	0.91%	1.58%
	Other	1.17%	0.41%	0.23%
	Pending Indigent	28.37%	30.67%	28.34%
	Self	0.15%	0.28%	0.03%

	ED Metrics	Jul-2015	Aug-2015	Sep-2015
	ED Visits	1,678	3,060	3,741
	ED Length of Stay: Median Time from ED Arrival to ED Discharge (Discharged Patients)	157	176	189
	ED Length of Stay: Median Time from ED Arrival to ED Departure (Admitted Patients)	385	348	392
	ED Boarding Time: Median Time from Admit Decision to ED Departure (Admitted Patients)	100	89	95
	Discharge to Home	1,383	2,519	2,981
	Place in Observation	12	41	39
Disposition	Admit to Inpatient	166	277	331



MLKCH Quarterly Dashboard

ווסוןסטוניטו	Transfer to Psychiatric Facility	11	26	49
	Transfer to Other Facility	34	70	101
	Transfer to SNF	0	1	0
Top 5 Discharge Diagnosis	ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE			1.45%
	ABDOMINAL PAIN	4.99%	5.54%	4.91%
	HEADACHE	1.75%	2.27%	2.23%
	UNSPECIFIED CHEST PAIN	1.85%	2.14%	2.12%
	UNSPECIFIED ESSENTIAL HYPERTENSION	1.35%		
	URINARY TRACT INFECTION, SITE NOT SPECIFIED	2.35%	2.37%	2.42%
	VOMITING ALONE		1.37%	
	Total	12.29%	13.69%	13.13%

	Hospital Metrics	Jul-2015	Aug-2015	Sep-2015
Utilization	Average Patient Census per Day	15	24	44
	Average Length of Stay (Day)	2.05	2.45	2.52
	ANEMIA, UNSPECIFIED	2.47%		
	DIABETES MELLITUS TYPE II	4.01%	2.30%	3.06%
	PREGNANT STATE, INCIDENTAL	2.93%	3.10%	2.36%
	UNSPECIFIED CHEST PAIN	3.39%	3.80%	4.02%
	UNSPECIFIED ESSENTIAL HYPERTENSION	5.24%	4.50%	3.93%
	UNSPECIFIED SEPTICEMIA		2.10%	1.92%
	Total	18.04%	15.80%	15.29%

C	are Coordination Metrics **Data Obtained from MLKOPC**	Jul-2015	Aug-2015	Sep-2015
	MLKCH Inpatient Discharges to MLKOPC	83	113	74
	MLKCH ED Discharges to MLKOPC	67	138	140
	Total	150	251	214

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finalize planning in preparation for hospital opening. Discussions also progressed related to EHR connectivity for shared services and common patients, financial discussions to update hospital pro forma given SB 857 and hospital presumptive eligibility, contracting between DHS and MLKCH for DHS patients admitted to the hospital discharge protocols to ensure DHS patients are reconnected to their patient centered medical home (PCMH) team, and shared clinical services on the MLK Campus.

On December 16, 2014, the Board authorized DHS to enter into a delegated authority agreement for Shared Services with MLKCH. Negotiations are currently ongoing with anticipation that the scope of work related to laboratory services performed by MLKOC for MLKCH will be completed in February 2015. Ongoing discussions are also taking place related to possible sharing of central sterile, MRI and nuclear medicine services on the MLK Campus.

The County will continue to provide necessary assistance and support to MLK-LA as hospital opening approaches. If you have any questions or require additional information, please contact me, or your staff may contact Dr. Mark Ghaly at (213) 240-8107 or mghaly@dhs.lacounty.gov.

SAH:MM:bjs

c: Executive Office, Board of Supervisors
County Counsel
Health Services
MLK-LA
Public Works
University of California

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